

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

Filing Date

10/664257

5/17/03

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		/					52			
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Total Indep	/						Total Indep			
Total Depend	8						Total Depend			
Total Claims	9						Total Claims			

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